

CLAIMS ONLY

Application Number

" Filling" Date

10/580076

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2		/				
3		2				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11	/					
12		/				
13		2				
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48						
49						
50						
Total Indep.	8					
Total Depend.	26					
Total Claims	34					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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100						
Total Indep.						
Total Depend.						
Total Claims						